

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69/122588

FILING DATE

7-23-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/		
2		/				
3		/				
4		/				
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
16		2				
16		4				
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		4				
32		4				
33		4				
34		4				
35		4				
36		4				
37		4				
38		4				
39		4				
40		4				
41		4				
42		4				
43		4				
44		4				
45		4				
46		4				
47		4				
48		4				
49		4				
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61	/					
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	191					
TOTAL CLAIMS	194					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS